

# CLAIMS ONLY

SERIAL NO. <span style="font-size: 1.2em; font-family: cursive;">09987977</span>	FILING DATE
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1											
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TOTAL IND.	3											
TOTAL DEP.	17											
TOTAL CLAIMS	20											
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS